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ABSTRACT

A questionnaire was developed to explore the relationships between job satisfaction, health, drug use (especially, the use of psychoactive drugs), and life satisfaction. The questionnaire was completed by 140 women between the ages of 21 and 65, of whom 52 were homemakers and 85 were employed (the remaining reported themselves as students). Results showed virtually no differences between homemakers and employed women in what they considered the "ideal" job, nor in overall job satisfaction. Women of both groups whose jobs provided feelings of personal achievement and were high on challenge and financial rewards reported better health, fewer medical and stress symptoms, lower levels of psychoactive drug use, and higher overall life satisfaction than the women whose jobs were low on these dimensions. The homemakers in the sample perceived their jobs as more positive than was anticipated: on the average, their overall job satisfaction scores were higher than those for blue-collar and white collar workers, but lower than those for women in semi-professional and professional occupations. The mean ratings of life satisfaction were virtually equal for employed women and homemakers. There were some differences between the two groups, most notable, that presence of children at home was related positively to job satisfaction and negatively to drug use among employed women, while the reverse was true among homemakers. In general, the data supported the contentions that the job of homemaker may be assessed according to standard job variables, that both homemakers and employed women value the same job characteristics as those cited by the literature as important to men, and that dissatisfaction with one's job, especially on certain key dimensions, is associated with stress, illness, drug use, and life dissatisfaction. (Author)

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THE RELATIONSHIP OF JOB SATISFACTION TO STRESS, ILLNESS, AND DRUG USE

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HOMEMAKERS AND EMPLOYED WOMEN:

THE RELATIONSHIP OF JOB SATISFACTION TO STRESS, ILLNESS, AND DRUG USE

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There is a considerable body of literature relating to job satisfaction; however, of some 3,350 existing articles, books and dissertations on the subject published since 1935 (Locke, 1976), only a handful include employed women, and the job of homemaker[1] has been virtually ignored. While an increasingly large number of women are employed outside their homes, as yet they represent less than half of all women of working age (U.S. Department of Labor, 1973). Of the women who are married and living with their husbands, only 39 percent are employed (U.S. Department of Commerce, 1973); the majority still work as full-time homemakers.

It is contended that the job of homemaker may be examined according to the same variables as other jobs: the homemaker spends a good deal of her time performing a set of duties toward some specified goal; she is expected to display certain skills and competencies for which she may be either ill- or well-trained; she is subject to the same job-related needs for interesting work, a chance to improve her skills or abilities, recognition of her work, social status, etc., as people who work in other occupations.

Job Characteristics Related to Satisfaction

While there is some disagreement among studies concerning the importance assigned to specific job facets, a constellation of job characteristics has been identified as very important to job satisfaction. The most frequently cited characteristics include interesting work, enough help, equipment, information and authority to get the job done, good pay, friendly and helpful co-workers, the opportunity to develop one's abilities and to see the results of one's work, clearly defined responsibilities, and competent supervision (Herzberg, Mausner, Peterson, & Capwell, 1957; Lawler, 1971; Quinn, Seashore, Kahn, Mangione, Campbell, Staines, & McCullough, 1971). Expectancy models of job satisfaction (Hackman & Lawler, 1971; Porter & Lawler, 1968) suggest that individuals will be able to obtain meaningful personal satisfaction when they perform well on jobs which they experience as high on variety, autonomy, task identity, and feedback. Use and development of one's abilities (challenge) is emphasized as a centrally important work component by Maslow (1954) and Vroom (1964); indeed, it has been shown that simple, routine, non-challenging jobs often lead to high employee dissatisfaction, and to increased absenteeism and turnover (Argyris, 1964; Blauner, 1964; Davis, 1957).

Most job-satisfaction studies have been done with male samples; however, those which include women have reported comparable trends. The only sex-related differences found were the tendency of women to be more concerned than men with the comfort aspects of their jobs, such as pleasant and clean surroundings, convenient hours, etc., as well as with socioemotional aspects. This is not to say, however, that women are less concerned than men with obtaining interesting, self-developing work and with being promoted (c.f. Crowley, Levitin, & Quinn, 1973; and Saleh & Lalljee, 1969).

Job Satisfaction Related to Stress and Illness

There is general agreement about the fact that the less satisfied one is with his or her job, the more stressful the job, particularly to the extent that one is unable to escape from the situation. Modest occupational stress can be tolerated if appropriate coping responses can be found which lead to achievement and productivity. Techniques for management of job-related stress include, for

example, maintaining distance from the organization, professionalization through which one may maintain an alternative identity, or, ultimately, rejecting organizational controls by leaving one's job (Gross, 1970).

Particularly stressful job components include the feeling that one does not have enough resources, time or ability to do the job, responsibility for managing other people, incongruity between job status and educational attainment, little autonomy, and lack of stability, security and support in the job environment (HEW, 1973). To the extent that adequate coping responses cannot be made, the presence of such job characteristics may lead to dysfunctional stress. They have been related to a variety of mental health problems, such as low self-esteem, worry, tension, and impaired personal relations (Kasl, 1972; Kasl & Cobb, 1971; Kohn & Schooler, 1972; Kornhauser, 1965), and have been implicated as a contributor to such condutions as coronary heart disease, migraine, gastric ulcer, rheumatoid arthritis, ulcerative colitis, certain skin diseases, and even the common cold (HEW, 1973).

The use of drugs has often been cited as a result of stress and a symptom of job dissatisfaction (for example, HEW, 1973; McLean, 1970; New York Narcotics Addiction Control Commission, 1971; Quinn & Shepard, 1974), but the research linking drug abuse to working conditions has focused principally on alcoholism and heroin abuse, and has tended to ignore "abuse" of legally prescribed psychoactive (or "mood-modifying") drugs such as barbiturates, non-barbiturate sedatives, tranquilizers, and "pep" and diet pills.

The incidence of use of this type of drug has been increasing in recent years: in 1961, Shapiro and Baron reported that 27 percent of the women and 12 percent of the men in their sample had used psychoactive drugs in the preceding year; by 1971, Mellinger, Balter and Manheimer reported that 45 percent of the women and 33 percent of the men in their sample of an urban population had taken psychoactive drugs in the preceding year; and in a 1975 survey directed at women only, Fidell and Prather found that 53 percent had used psychoactive drugs in the preceding year. According to a report by Chambers (1971), women are the major users of barbiturates, non-barbiturate sedative hypnotics, relaxants and tranquilizers, anti-depressants, pep and diet pills, and non-controlled and controlled narcotics (not including heroin), while men are the major users of marijuana/hashish, LSD, the inhalants, methedrine, and heroin.

Studies examining the differences between employed women and homemakers in the use of psychoactive drugs have shown inconsistent results: Manheimer, Mellinger and Balter (1968) reported that the use of stimulants and tranquilizers was higher among working women than among women who were not employed. Similarly, Chambers and Schultz (1971) found that the incidence of psychoactive drug use was slightly higher, overall, among employed women. On the other hand, Linn and Davis (1971) found employment to be unrelated to psychoactive drug use in their sample of middle-aged women, and Mellinger (1971), reporting only on the use of minor tranquilizers, found homemakers to be more highly involved with these drugs than employed women.

Based on the fact that an association has been noted between job dissatisfaction and the use of alcohol and heroin, it is plausible that there is, likewise, an association between job dissatisfaction and the use of drugs in these other categories, and that this association may exist for both employed and homemaking jobs, that is, employment, per se, may not be the critical variable.

The present study was undertaken to explore the relationships between job satisfaction among women, their state of health and use of psychoactive drugs, and their level of overall life satisfaction. For the purpose of the study, the job of homemaker was examined according to the same set of variables as other jobs.

Method

A questionnaire was developed asking respondents to (1) rate each of 32 job aspects according to its importance in the "ideal" or "best possible" job for her; (2) rate the same 32 job aspects as those in the "ideal job" scale according to the extent to which they were present in or absent from her current job; (3) give information on recent medical history and drug use: number of physician visits during the past year; rating of health; frequency of occurrence of each of 13 medical symptoms; frequency of use during the past year of each of a list of medications, both other-the-counter and prescribed; (4) give demographic information, including present and past employment, household composition, income, education, occupation of spouse and parents, etc.; (5) rate overall life satisfaction.

The items in the questionnaire represented a sub-set of items that were included in an earlier pilot questionnaire. The items and format in the sections on job description were adapted from Schletzer's (1965) survey of job satisfaction. The items chosen for inclusion in the Medical Symptoms scale represented those symptoms most often identified as having psychosomatic origins, or as being linked to stressful social or working conditions (HEW, 1973). The drug list contained both psychoactive and non-psychoactive drugs, both those available over the counter and those available only by prescription. While I was interested in the use of psychoactive drugs, and, principally, the use of decrement-producing drugs, I felt that the list would be less reactive if it included all drug categories.

The 32 items included in the "ideal job" scale were factor analyzed, using principal component solution for extraction of initial factors, and varimax rotation to terminal factors. The procedure produced eight factors; these were conceptualized as (1) feeling needed, feeling of personal achievement, (2) challenge, (3) financial rewards, (4) recognition, (5) autonomy, (6) opportunity for nurturant activities, such as improving the health of others, helping others to find success or happiness, etc., (7) opportunity to socialize, and (8) convenience. The 32 items included in the "present job" scale were grouped into eight factors corresponding to those for the "ideal job". (Job-factor indices for "ideal job" and "present job", respectively, represent the unweighted mean of items loading highly on that factor). Satisfaction scores on each of the eight job factors were derived individually by multiplying each "present job" factor score by its corresponding importance rating from the "ideal job" factor. In addition, an overall index of "inferred job satisfaction" was computed by taking the mean of those factors on the present job that were rated as extremely important when considering the ideal job.

Sample

Two hundred fifty questionnaires were mailed out to people whose names were drawn at random from the reverse telephone directory of a California community. The rate of return of useable questionnaires from this sample was 35 percent (87 returns). The random sample was supplemented by respondents from three local beauty-college salons, and from evening classes at a local junior college. The two supplementary samples were compared to the community sample by analysis of variance on selected variables; while there were some differences, notably between the community and salon samples on socioeconomic indicators, it was felt that the differences were not substantial enough to preclude aggregating the data from the three groups. The aggregated sample included 85 employed women and 52 homemakers.

Results and Discussion

A comparison of the mean scores on the "ideal job" factors showed virtually no differences between homemakers and employed women in what they considered to be the "ideal" or "best possible" job (Table 1). Of the eight job factors examined, the one valued most highly be both homemakers and employed women was feeling needed, i.e., a feeling of personal achievement; this was followed closely by challenge, financial rewards, recognition, and autonomy, and autonomy was reported as being slightly more important to employed women than to homemakers. Both groups placed relatively less importance on having the opportunity for nurturant activities, the opportunity to socialize, and convenience aspects of the job (such as convenient hours and lack of pressure or fatigue) (Table 1).

Examined by occupational level, a few differences were evident, though virtually none of them was statistically significant: overall, homemakers most closely resembled semi-professional and managerial employed women in their ratings of components of the "ideal job" (Table 1). Women employed in blue-collar jobs tended to rate all job factors as more important than did women at other occupational levels.

Insert Table 1 about here

There were large differences between homemakers and employed women in what characteristics were reported as present in their jobs, and in the satisfaction scores on each of the individual job factors, but the mean scores of overall job satisfaction were approximately equal for homemakers and employed women (Table 2). The mean score for employed women hid dramatic differences between women at different occupational levels in overall satisfaction: overall job satisfaction scores were greater for women with jobs higher in the occupational status hierarchy, such that the mean score for professional women was approximately twice that for blue-collar workers. Homemakers fell slightly above white-collar (secretarial, clerical) workers in overall job satisfaction. Perhaps, then, it would be appropriate to place the homemaker "job" in the middle position of the hierarchy of jobs, relative to its potential for job satisfaction. Of the five most important job factors, homemakers reported higher levels than any other occupational group on two -- feeling needed, and autonomy -- and were close to the levels of semi-professional and professional women on one more -- recognition. On the other hand, homemakers fell near the low end on challenge, and, of course, they were the lowest of any group in regard to financial rewards (Table 2).

Insert Table 2 about here

Health and Drug Use

Seven health and drug-use variables were examined: (1) number of physician visits during the past year; (2) respondent's rating of her own health[2]; (3) Medical Symptom Score, reflecting the number of symptoms respondent reported suffering from during the past year, as well as the frequency or duration of the symptom. The highest score, then, would be for the respondent who suffered frequently from each of a large number of symptoms. (4) Stress Symptom Score, representing a score on a subset of all symptoms, including sleeplessness, the "blues", nervousness, headaches, and likewise reflecting both number and frequency/duration of symptoms. (5) Drug Score, reflecting number of drugs taken within the past year, as well as the frequency of use; (6) Psychoactive Drug Score, representing a subset of all drugs, and including prescribed psychoactive drugs only (whether decrement- or

increment-producing), and reflecting number of drug categories and frequency of use; and (7) "Down" Drug Score, representing a subset of all drugs which overlaps with variable (6) and includes decrement-producing drugs only, whether prescribed or over-the-counter. Score reflects number of drug categories as well as frequency of use. The questionnaire was designed to collect data only on legally available drugs (for reasons of reactivity), and thus does not reflect any involvement with heroin, marijuana, or other "street" drugs.

As anticipated, job satisfaction was related to all seven of the health and drug-use indicators: for the group as a whole, overall job satisfaction was correlated with physician visits -.16 ($p < .05$), with subjective rating of health +.22 ($p < .01$), with All Symptoms -.29 ($p < .01$), with Stress Symptoms -.25 ($p < .01$), with All Drugs -.35 ($p < .01$), with Prescribed Psychoactive Drugs -.31 ($p < .01$), and with Down Drugs -.24 ($p < .01$).

Homemakers vs. Employed Women. There were some differences between homemakers and employed women in the health and drug-use indicators: the data suggested that homemakers were more likely to report medical symptoms, to see a doctor more frequently, and to take more decrement-producing drugs. For both groups, overall job satisfaction was related in the predicted direction to health and drug use (i.e., negatively with physician visits, symptoms, and drug use, and positively with health rating), though there were some differences between the two groups in the relationship between satisfaction with individual job factors and the health and drug-use indicators (Table 3). In general, the correlations tended to be larger for employed women than for homemakers, or, if not larger, more in the predicted direction. However, of the 119 pairs of correlation coefficients computed, only six showed statistically significant differences between employed women and homemakers.

Insert Table 3 about here

Among employed women, while the critical job factors seemed to be feeling needed, challenge, recognition, and autonomy, virtually all job factors were related to health and drug use in the predicted direction. Among homemakers, satisfaction with the challenge of the job seemed to be the job factor most strongly and consistently related to health and drug use in the predicted direction; to a lesser extent, satisfaction with feeling needed and with financial rewards were also related, but it would appear that satisfaction with any of the other job factors was either not related to health and drug use, or was related in the non-predicted direction.

Among homemakers, satisfaction with the nurturing opportunities of the job showed near-significant correlations with the health and drug-use variables in the non-predicted direction. A more detailed examination of these variables showed that, among homemakers, the rating of importance of nurturing opportunities in the "ideal job" was significantly related to health and drug use. About a third of the sample (37 percent of homemakers and 33 percent of employed women) rated the opportunity for nurturant activities as being an extremely important job characteristic in the "ideal" job. The homemakers in this group, but not the employed women, reported more symptoms, including symptoms associated principally with stress (nervousness, tension, depression, headaches, and sleeplessness) than those women for whom this job component was not particularly important. In addition, they showed an extraordinarily high incidence of psychoactive drug use, especially of tranquilizing and sleeping drugs: for the sample as a whole, 39 percent of the respondents reported using some tranquilizing and/or sleeping medication during the past year, 12 percent were frequent users (more than once a week), and 7 percent used these drugs daily. Among the homemakers in the sample

who reported that nurturing others was extremely important, 67 percent used some decrement-producing drug in the past year, 56 percent were frequent users, and 33 percent used them daily. Among the remaining 63 percent of the homemakers, those who considered nurturant activities to be moderately important or unimportant, only 3 percent used decrement-producing drugs daily, about equal to the average for all employed women.

Presence of Children

On the assumption that the presence of children at home might have some effect on the nature of one's job, especially for homemakers, these variables were examined by means of biserial correlation coefficients.

There were some differences between homemakers and employed women in the relationship between having children at home and reported job characteristics, as well as job satisfaction: among homemakers, those who do not have children reported more challenge, financial rewards, and converience in their jobs than those homemakers who do have children, and overall job satisfaction was higher among homemakers without children. Among employed women, those who do have children at home reported higher levels of personal achievement (feeling needed), challenge, recognition, autonomy, opportunity for nurturant activities, and opportunity to socialize, as well as higher overall job satisfaction, than those who do not have children (Table 4).

Insert Table 4 about here

While the findings relative to homemakers are not surprising, one would not necessarily expect that having children at home would have any bearing on the nature of one's employed work. Based on the fact that these variables are related, and in the direction opposite to that for homemakers, one might spectulate that an important job dimension, one not tapped directly by the survey, is simply having the opportunity to be away from the children on a regular basis, and that this positive orientation to the job colored responses on the other job components.

The health and drug-use indicators, and the single-item measure of life satisfaction, lent limited additional support for this interpretation. Although virtually none of the correlations between presence of children and the health and drug-use indicators achieved statistical significance, the general pattern seemed to be that, among homemakers, presence of children was positively related to physician visits, symptoms reported, and the use of drugs, especially decrement-producing drugs, and not at all related to life satisfaction. Among employed women, the correlations were even weaker, but suggested a negative relationship between the presence of children at home and the symptom and drug-use variables, and a (significant) positive relationship between presence of children and life satisfaction (Table 4).

Life Satisfaction

The mean scores for homemakers and employed women on the life satisfaction measure indicated no differences between the two groups (4.7 and 4.5, respectively). In order to assess the relative strength of the major categories of variables in the questionnaire (health, and job characteristics) in predicting overall life satisfaction, the following procedure was used: the set of seven health and drug-use indicators, and the set of eight job factors, were regressed in two separate multiple regression analyses, one for each of the sets, on "life satisfaction" (The Multiple R's resuling from these analyses are reported in Table 5). Two new variables were computed, "Composite Job" and "Composite Health/Drug", by multiplying the "B" values resulting from the regression analyses by the raw scores on

each item. Another variable, Marital Status (Married vs. Not Married), was added to these two, and a second multiple regression analysis was done, using the two new variables plus marital status as the independent variables in the analysis, with life satisfaction again as the dependent measure. The resulting Multiple R was .56 (R^2 = .31).

Stepwise regression analyses were performed separately for homemakers and employed women, using the original formulas for the composite variables, that is, the composites that were derived from the "B" values for the sample as a whole. The ordering of the three variables was the same for homemakers and employed women: (1) Composite Job, (2) Composite Health/Drug, and (3) Marital Status, but the Multiple R was considerably higher for homemakers than for employed women (.78 vs. .47; Table 5).

Insert Table 5 about here

Despite the fact that, for both homemakers and employed women, "Composite Job" was entered into the equation first by the stepwise regression procedure, the correlations of Composite Job and Composite Health/Drug with life satisfaction were virtually equal (.408 and .407, respectively, for the sample as a whole; .57 and .53, respectively, among homemakers; and .35 and .34, respectively, among employed women). On examination of the correlations between life satisfaction and each of the health/drug and job variables, individually rather than as composites, it seemed that the critical set of variables among homemakers was health-related, while the critical set among employed women was job-related (Table 6). Of the nine indices of job satisfaction, i.e., the satisfaction scores on each of the eight job factors, plus overall job satisfaction, seven were significantly related to life satisfaction among employed women, while only three were significantly related to life satisfaction among homemakers. Of the seven health and drug-use indicators, all seven were significantly related to life satisfaction among homemakers, whereas only three were significantly related to life satisfaction among employed women (Table 6).

Insert Table 6 about here

Summary

The present study was based on the assumption that homemakers had less potential for job satisfaction than employed women, but that both homemakers and employed women would exhibit roughly the same types of behavior as a function of being either satisfied or dissatisfied with their jobs. The data provided some support for the major expectations of the study, and there were a number of interesting issues raised which should be examined more carefully in future research.

Perhaps the most salient implication of the findings is that it is, indeed, legitimate to assess the job of homemaker according to the same job-related variables as those used to assess employed jobs. According to the data, there were virtually no differences between employed women and homemakers in what they considered to be the "ideal" job. As noted, the characteristics of their respective jobs were remarkably different, but these differences balanced out and provided jobs equally satisfying, overall, to both groups. There were striking similarities between employed women and homemakers in the relationships between job satisfaction, health, drug use, and life satisfaction. Women of both groups whose jobs were perceived as challenging reported better health, fewer medical and stress symptoms, and lower levels of drug use than those whose jobs were not challenging.

In addition, health was better and drug use was lower among women of both groups reporting higher levels of personal achievement in their jobs (feeling needed), more satisfaction with financial rewards (which, in the case of homemakers, refers only to financial security), and higher levels of overall job satisfaction.

Moreover, reported levels of life satisfaction were virtually equal for homemakers and employed women, and the relative importance of job variables, health/drug variables, and marital status in predicting life satisfaction was the same for both groups, though these variables accounted for considerably more of the variance among homemakers than among employed women.

On the other hand, there were some dimensions on which employed women and homemakers differed. Despite the fact that homemakers reported about the same level of overall job satisfaction as employed women, there was some indication that the job components leading to satisfaction among employed women were less conducive to stress, health impairment, and the use of stress-alleviative drugs, than those components leading to satisfaction among homemakers. Specifically, for both groups, two of the key job factors associated with better health and lower drug use seemed to be financial rewards and the degree of challenge associated with the job, and these were shown to be considerably less characteristic of the homemaker's job than of employed jobs.

In addition, a job factor especially high in the homemaker's job, the opportunity for nurturant activities, was shown to be positively associated with stress and drug use to the extent that this factor was highly valued. Among homemakers, having children to care for, probably the most significant aspect of nurturant activities, was related negatively to job satisfaction, positively to the use of decrement-producing drugs, and not at all to life satisfaction. These data seem to corroborate other findings (Gross, 1970; HEW, 1973) that responsibility, especially for other people, is a major contributor to occupational stress.

Note that, among employed women, there was no relationship between rated importance of nurturant activities and reported symptoms and drug use, and the presence of children at home seemed to be positively related to job satisfaction and life satisfaction; this may indicate that choosing vs. "falling into" a job high on nurturing opportunities has important implications for the stress that it creates, or that having the opportunity to escape from a particular set of such activities may be stress-alleviative.

Overall, the homemaker's job seemed to fall in the middle of the range of jobs, that is, on the average, homemakers rated their jobs as more satisfying than did blue-collar and white-collar workers, but less satisfying than did women in semi-professional and professional occupations. Although, as anticipated, homemakers perceived their jobs as relatively low on challenge and financial rewards, there was no indication that homemakers perceived their jobs as low in status nor that they lacked recognition, and the degree of autonomy associated with the job of homemaker was greater than that for any other occupational group.

In general, the data supported the contention that women, both homemakers and those in employed jobs, value the same job characteristics as those cited by the literature as important to men, and that dissatisfaction with one's job, especially on certain key dimensions, is associated with stress, illness, drug use, and life dissatisfaction. While the small sample size and limited geographic representation of the present study limit the generalizability of these findings, a tentative statement might be made to this effect, pending further evidence.

References

Argyris, C. Integrating the individual and the organization. New York: Wiley, 1964.

Blauner, R. Alienation and freedom: The factory worker and his industry. Chicago: University of Chicago Press, 1964.

Chambers, C. D. An assessment of drug use in the general population of New York State. Monograph published by New York State Narcotic Control Commission, 1971.

Chambers, C. D., & Schultz, D. Women and drugs. Ladies Home Journal, November, December, 1971; March, 1972.

Crowley, J., Levitin, T., & Quinn, R. Seven deadly half-truths about the American working woman. Psychology Today, March, 1973.

Davis, L. E. Job Design and productivity: A new approach. Personnel, 1957, 33, 418-429.

Fidell, L. S., & Prather, J. E. Mood-modifying drug use in middle class women. Paper presented at the Western Psychological Association meeting, Sacramento, California, April 25, 1975.

Gross, E. Work, organization and stress. In B. Levine & N. L. Scotch (Eds.), Social stress. Chicago: Adline Publishing Company, 1970.

Hackman, J. R., & Lawler, E. E. III. Employee reactions to job characteristics. Journal of Applied Psychology Monograph, 1971, 55, 259-286.

Herzberg, F., Mausner, B., Peterson, R., & Capwell, D. Job attitudes: review of research and opinion. Pittsburgh: Psychological Services of Pittsburgh, 1957.

Kasl, S. Work and mental health. In Work in America, New Haven, Conn: Yale University Press, 1973.

Kasl, S., & Cobb, S. Physical and mental health correlates of status incongruence. Social Psychiatry, 1971, 6.

Kohn, M., & Schooler, C. Occupational experience and psychological functioning: an assessment of reciprocal effects. Report of the National Institute of Mental Health, 1972.

Lawler, E. III. Pay and organizational effectiveness: A psychological view. New York: McGraw Hill, 1971.

Linn, L. S., & Davis, M. S. Physicians' orientation toward the legitimacy of drug use and their preferred source of new drug information. Social Science and Medicine, 1972, 6, 199-203.

Locke, E. The nature and causes of job satisfaction. In M Dunnette (Ed.), Handbook of industrial and organizational psychology. New York: Rand McNally, 1976.

Manheimer, D. I., Mellinger, G. D., & Balter, M. B. Psychotherapeutic drugs. California Medicine, 1968, 109, 445-451.

Maslow, A. Motivation and personality. New York: Harper and Row, 1954.

McLean, A. Mental health and work organizations. New York: Rand McNally, 1970.

Mellinger, G. D. Psychotherapeutic drug use among adults: A model for young drug users? Journal of Drug Issues, October, 1971, 274-285.

Mellinger, G. D., Balter, M. B., & Manheimer, D. I. Patterns of psychotherapeutic drug use among adults in San Francisco. Archives of General Psychiatry, 1971, 25, 385-394.

Palmore, E., & Luikart, C. Health and social factors related to life satisfaction. Journal of Health and Social Behavior, 1972, 13, 69-78.

Porter, L. W., & Lawler, E. E. III. Managerial attitudes and performance. Homewood, Ill.: Irwin-Dorsey, 1968.

Quinn, R., Seashore, S., Kahn, R., Mangione, D. C., Staines, G., & McCullough, M. Survey of working conditions. Document 2916-0001. Washington: U.S. Government Printing Office, 1971.

Quinn, R. & Shepard, L. J. The 1972-73 quality of employment survey. Ann Arbor: the Survey Research Center of the Institute for Social Research, 1974.

Saleh, S. D., & Lalljee, M. Sex and job orientation. Personnel Psychology, 1969, 22, 465-471.

Schletzer, V. A study of the predictive effectiveness of the Strong Vocational Interest Blank for job satisfaction. Unpublished doctoral dissertation, University of Minnesota, 1965.

Shapiro, S., & Baron, S. H. Prescriptions for psychotropic drugs in a noninstitutional population. Public Health Reports, 1961, 76, 481-488.

U.S. Department of Commerce. We the American women. Public Information Office, Bureau of the Census, March, 1973.

U.S. Department of Health, Education and Welfare. Work in America. Cambridge: the MIT Press, 1973.

U.S. Department of Labor. Report of the California Commission on the status of women. California Women. Sacramento: State of California Documents, 1973.

Vroom, V. Work and motivation. New York: Wiley, 1964.

Footnotes

1. "Homemaker" or "housewife" may be defined as one whose principal occupation is household management, where either children or husband or both are present in the household.

2. Palmore and Luikart (1973) found that the strongest predictor of life satisfaction was subjective assessment of health, which accounted for over two-thirds of the explained variance in all groups analyzed.

Table 1

Importance of Job Components in the "Ideal" Job

Mean rating by Occupation

Component in "Ideal" Job	Homemakers	All Employed		Employed, by Occupation: Blue Collar	White Collar	Semi-Professional	Professional	
(N)	52	85		9	37	28	11	
Feeling needed	3.9	3.9		4.2	3.8	3.7	3.9	
Challenge	3.6	3.8		3.9	3.7	3.8	4.4	
Financial Rewards	3.6	3.7		3.4	3.9	3.5	3.4	
Recognition	3.4	3.5		4.0	3.5	3.5	3.2	
Autonomy	3.2	3.5	*	3.7	3.4	3.5	3.8	
Nurturant Activities	3.0	2.8		3.5	2.3	2.9	3.5	*
Oppty to Socialize	2.5	2.7		3.4	2.6	2.5	2.5	
Convenience	2.4	2.2		2.7	1.8	2.5	1.9	

Note. Means for Homemakers vs. Employed were compared by *t*-tests; means for Employed by Occupation were compared by Unequal N Analysis of Variance.

*$p < .05$

Table 2

Presence of Job Components and (Derived) Satisfaction Scores

Mean Rating by Occupation

Job Factors	Home-makers	All Employed		Employed, by Occupation: Blue Collar	White Collar	Semi-Professional	Profes-sional	
(N)	52	85		9	37	28	11	
Feeling needed								
amt in pres job	3.4	2.9	**	1.4	2.8	3.3	3.1	**
satisfaction	8.2	7.3	*	4.7	7.2	7.8	7.9	*
Challenge								
amt in pres job	2.4	3.1	**	1.2	3.0	3.5	3.9	**
satisfaction	6.1	7.7	**	4.1	7.4	8.6	9.7	**
Financial Rewards								
amt in pres job	1.1	2.5	**	1.8	2.3	2.8	2.6	
satisfaction	3.8	6.1	**	4.6	5.9	6.6	5.8	*
Recognition								
amt in pres job	3.2	2.9		1.8	2.8	3.2	3.4	*
satisfaction	7.2	6.9		5.2	6.7	7.4	7.5	
Autonomy								
amt in pres job	4.1	3.1	**	1.6	3.0	3.6	3.6	**
satisfaction	8.5	7.6	*	5.0	7.3	8.3	8.9	**
Nurturant Activities								
amt in pres job	3.6	2.0	**	1.2	1.3	2.5	3.0	**
satisfaction	7.6	4.9	**	4.1	3.4	5.8	7.3	**
Oppty to Socialize								
amt in pres job	2.8	2.5		2.1	2.4	2.5	2.8	
satisfaction	5.3	5.1		5.0	4.7	5.2	5.9	
Convenience								
amt in pres job	2.7	2.8		2.8	2.9	2.7	2.2	
satisfaction	5.2	4.9		6.0	4.2	5.5	4.2	
Overall Job Satisf.	7.8	8.0		4.9	7.6	8.9	9.5	**

Note. Means for Homemakers vs. All Employed were compared by t-tests; means for Employed by Occupation were compared by Unequal N Analysis of Variance.

*$p < .05$

**$p < .01$

Table 3

Relationship between Health and Drug-use Indicators and

Characteristics of Present Job, and Job Satisfaction

Homemakers vs. Employed Women

	physician visits		health rating		all symptoms		Stress symptoms		all drugs		psych. drugs		down drugs	
Job Factors	hw	empl	hw	empl	hw	empl	hw	empl	hw	empl	hw	empl	hw	empl
Feeling needed														
amt in pres job	-30*	-27**	21	29**	-25*	-29	-26*	-20	-14	-32**	-27*	-27**	-30*	-13
satisfaction	-20	-21*	09	26**	-15	-24*	-12	-15	00	-30**	-10	-26**	-11	-14
Challenge														
amt in pres job	-19	-13	33**	17	-20	-35**	-28*	-22*	-18	-33**	-28*	-30**	-33**	-18
satisfaction	-16	-07	30*	17	-17	-33**	-26*	-21*	-14	-28**	-19	-23*	-24	-14
Financial Rewards														
amt in pres job	-05	01	20	11	-02	-22*	-14	-26**	-18	-27*	-14	-29**	-23	-12
satisfaction	00	-03	13	18	00	-17	-12	-17	-15	-16	-10	-21*	-19	-04
Recognition														
amt in pres job	-05	-25**	11	23*	-09	-30**	-14	-23*	-12	-34**	-08	-27**	-09	-15
satisfaction	10	-19*	07	26**	06	-24*	-05	-16	-03	-31**	07	-24*	03	-21*
Autonomy														
amt in pres job	-02	-26**	13	42**	-25*	-26**	-30*	-17	-04	-27**	-03	-28**	00	-20*
satisfaction	17	-21*†	07	35**	-06	-18*	-13	-12	-02	-25*	12	-25*†	17	-18
Nurturant Activ.														
amt in pres job	-09	12	05	05	03	-20*	06	-20*	07	-08	01	-17	02	-09
satisfaction	-02	11	-01	02	20	-16 †	20	-17 †	14	-06	14	-13	16	-05
Oppty to Socialize														
amt in pres job	-07	-16	14	19*	-16	-34**	-15	-25*	-19	-32**	-28*	-24*	-28*	-11
satisfaction	04	00	11	06	-01	-18*	01	-18*	-07	-15	-12	-10	-14	-01
Convenience														
amt in pres job	-04	-18*	10	14	-23	-17	-11	-17	-11	-02	01	-06	04	-15
satisfaction	26*	-27**†	-16	14	05	04	12	00	03	20*	16	07	15	-02
Overall Satisfaction	-17	-18*	40*	15	-26*	-33**	-28*	-27**	-29*	-41**	-28*	-37**	-36*	-20*

Note. Decimal points are omitted.

*$p < .05$

**$p < .01$

† Z-test for difference between correlation coefficients, $p < .05$

Table 4

Relationship of Job Characteristics and Health/Drug Variables to Presence of Children (Under 18) at Home[a]

	HOMEMAKERS		EMPLOYED WOMEN	
I. Relationship to Job Factors				
Job Factors	amt. in pres. job	satis-faction	amt. in pres. job	satis-faction
(N)[b]	(49)	(49)	(81)	(81)
Feeling needed	-08	-05	21*	24*
Challenge	-23*	-19	23*	22*
Financial Rewards	-32*	-28*	-02	-06
Recognition	-18	-19	23*	18*
Autonomy	00	-13	22*	24*
Nurturant Activities	20	12	21*	17
Oppty to Socialize	-01	05	18*	21*
Convenience	-34**	-04	-10	18*
Overall Job Satisfaction		-27*		20*
II. Relationship to Health and Drug-use Indicators				
(N)[b]	(52)		(83)	
Physician Visits	18		-04	
Health Rating	-06		04	
All Symptoms	11		-11	
Stress Symptoms	10		-20*	
All Drugs	21		-11	
Presc. Psychoactive Drugs	19		-10	
Decrement-producing Drugs	23*		-05	
Life Satisfaction	-01		24*	

Note. Decimal points are omitted.

[a] No children = 1; any child under 18 = 2. Therefore, negative correlation coefficient indicates that women with no children are higher on this dimension, positive correlation coefficient means women with children are higher on this dimension.

[b] Discrepancies in N's reflect non-response on particular items or sets of items.

*$p < .05$

**$p < .01$

Table 5

Relationship of Job Characteristics and Health/Drug Variables to Life Satisfaction

	HOMEMAKERS		EMPLOYED WOMEN	
I. Relationship of Job Factors to Life Satisfaction	amt. in pres. job	satis-faction	amt. in pres. job	satis-faction
(N)[a]	(49)	(49)	(81)	(81)
Feeling needed	46**	27*	27**	24*
Challenge	21	14	20*	14
Financial Rewards	-01	00	33**	23*
Recognition	39**	25*	33**	26**
Autonomy	26*	03	35**	27**
Nurturant Activities	13	-12	34**	32**
Oppty to Socialize	17	-08	31**	27**
Convenience	03	-01	04	14
Overall Job Satisfaction		46**		34**
II. Relationship of Health/Drug-Use Indicators to Life Satisfaction				
(N)[a]	(52)		(83)	
Physician Visits	-35**		-01	
Health Rating	43**		13	
All Symptoms	-49**		-34**	
Stress Symptoms	-45**		-46**	
All Drugs	-52**		-17	
Presc. Psychoactive Drugs	-46**		-19*	
Decrement-producing Drugs	-50**		-04	

Note. Decimal points are omitted.

[a]Discrepancies in N's reflect non-response on particular items or sets of items.

*$p < .05$
**$p < .01$

Table 6

Predictors of Life Satisfaction

I. Construction of Composite Variables: Multiple Regression with "Life Satisfaction" as dependent measure.

	Multiple R	R^2	Simple r: Composites with Life Satisfaction
8 Job variables	.37	.13	.41
7 Health/Drug variables	.44	.20	.41
(Marital Status)			.27

II. Stepwise Regression of Composite Variables and Marital Status on Life Satisfaction

	Multiple R	R^2	Beta	Simple r with Life Satisfaction
All Respondents:				
1) Composite Job	.41	.17	.305	.41
2) Composite Health/Drug	.53	.28	.315	.41
3) Marital Status	.56	.31	.159	.27
Homemakers:				
1) Composite Job	.57	.32	.452	.57
2) Composite Health/Drug	.69	.48	.352	.53
3) Marital Status	.78	.62	.372	.40
Employed Women:				
1) Composite Job	.35	.13	.271	.35
2) Composite Health/Drug	.44	.19	.226	.34
3) Marital Status	.47	.22	.167	.29